

Drs. Lawson, Scales, Tarrant & Napper

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs. Lawson, Scales, Tarrant & Napper on Wednesday 18 May. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, not all incidents and significant events had been reported and investigated. For example, the vaccine fridge failure in 2015, practice procedures had not been followed. This instance impacted on a number of older patients and as a result a number of patients had to be recalled to be re-vaccinated.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said that they sometimes experienced difficulty getting through to the practice by telephone. The practice monitored call data to improve access.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice gained training practice status in November 2015. They accepted GP registrars and nursing students on placement.
- The practice had a number of policies and procedures to govern activity.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was a member of the North Kirklees GP practice federation and contributed to plans to improve services to patients in North Kirklees and bid for local services.

The areas where the provider must make improvement are:

- The practice must ensure staff understand and follow practice policies and procedures for the management of the vaccine fridge and the cold chain.

The areas where the provider should make improvement are:

- Maintain the security of smart cards.
- Ensure a programme of audit is in place to ensure key policies and IPC practices are being implemented appropriately. Develop systems to monitor expiry dates for emergency medicines and other equipment, for example spillage kits.
- Improve the complaints procedure by including details of the Parliamentary Health Service Ombudsman in patient information.
- Ensure clinical waste bags are labelled in line with current legislation and guidance.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, not all incidents were reported and investigated. For example, a vaccine fridge failure in 2015 was not investigated and therefore learning and prevention of further vaccine cold chain breaches did not occur.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Annual infection control audits were not up to date. The last audits were undertaken at the main surgery and the branch in 2014.
- Clinical waste was segregated and stored appropriately. However, bags were not labelled to identify the source of the waste.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had a system to ensure that safety alerts were received and acted upon.
- Electrical installation testing reports and recommendations from November 2014 highlighted urgent remedial work was required at the main surgery and the branch practice. The practice were able to provide evidence after the inspection that the necessary work was completed.
- The practice had a policy for the management of vaccine fridges and the cold chain. However, records showed that the temperature of the vaccine fridge at the main surgery was recorded as outside the accepted temperature range on many occasions from May 2014 to the date of the inspection. Practice procedures to report any temperatures out of the accepted range had not been followed. The practice took immediate action to review procedures and co-operated fully with an Public Health England investigation and recall of affected patients who all received an explanation and apology.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes in line with the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. For example, the practice used templates on the clinical system to ensure patient consultations and reviews were carried out in line with NICE guidance.
- Clinical audits demonstrated quality improvement.
- GPs and nurses used e-consultations with hospital diabetes and cardiology specialists to plan care for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff told us they were encouraged and supported by the practice to undertake training and attend protected learning events organised by the local CCG.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had the same clinical record system as local community and palliative care services. Staff used tasks and messaging facilities on the system to communicate effectively with other services to provide co-ordinated care for patients.
- Patients at high risk of hospital admission who were not under the care of a community matron were referred to a Care Co-ordinator who liaised with NHS and social care services to ensure patients were supported.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than other practices for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed that reception staff were discreet when assisting patients at the reception desk to avoid conversations being overheard.
- Information for patients about the services available was easy to understand and accessible.
- The practice staff told us they made use of sign language interpreters for patients who were hearing impaired.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- The practice's computer system alerted GPs if a patient was also a carer. Carers were offered seasonal flu vaccinations. The practice had identified 35 patients as carers (less than 1% of the practice list). Carers were offered seasonal flu vaccinations.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. A GP was the chairperson of North Kirklees GP federation which had successfully bid for local contracts. For example, phlebotomy and 24 hour blood pressure monitoring.
- The practice contributed to a proposal to the NHS Estates and Technology Transformation Fund to transform care for 90,000 patients in North Kirklees.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered in-house services in line with the local care closer to home policy, for example phlebotomy and spirometry.
- Extended hours pre bookable appointments were offered on Saturday mornings from 8am to 12.30pm
- The practice maintained a hospital admissions avoidance list and these patients were given priority for same day access.
- The practice introduced a new appointment system in 2015 in response to a review of the availability of appointments and high number of patients failing to attend for appointments. Data showed that the new system which used practice initiated recalls and the use of text reminders reduced the failed to attend rate from 7% in 2014 to 4% in 2015.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice was a member of the North Kirklees GP practice federation and contributed to plans to improve services to patients in North Kirklees and bid for local services.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people.

We have rated this population group as requires improvement for both safe and effective. This was because we found the practice was rated as RI for safe. This instance impacted on a number of older patients.

- The practice failed to follow the cold chain policy and respond to the fridge failures. This impacted primarily on older people. A number of older people were recalled for vaccination.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Staff liaised with the community matron and used electronic referrals to district nurses to provide care for older patients who were housebound.
- A hospital admission avoidance list was maintained. Patients on the list were given priority for same day appointments.
- Patients at high risk of hospital admission who were not under the care of a community matron were referred to a CCG employed Care Co-ordinator who liaised with NHS and social care services to ensure patients were supported.
- 74% of patients aged 65 or over had received a seasonal flu vaccination which was comparable to the national average of 73%.
- The practice encouraged older people to attend for screening. For example, 71% of females, aged 50-70, were screened for breast cancer in preceding 36 months (national average 72%).

Requires improvement



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used templates on the clinical system to ensure patient consultations and reviews were carried out in line with NICE guidance.

Good



Summary of findings

- Performance for diabetes related indicators were similar to the national average. For example, 98% of patients with diabetes, on the register, had a record of a foot examination and risk classification in the previous year (CCG average 89%, national average 88%).
- Longer appointments and home visits were available when needed.
- Patients were provided with care plans and appropriate advice to help them manage their conditions.
- GPs and nurses used e-consultations with hospital diabetes and cardiology specialists to plan care for patients.
- Patients with complex needs at high risk of hospital admission who were not under the care of a community matron were referred to a CCG employed Care Co-ordinator who visited them regularly and supported them to manage their condition.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisations were undertaken by the community health visiting team. Uptake rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 84%, which was better than the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Minutes of joint meetings and care documentation showed that the practice worked closely with other local health and social care services, including midwives, health visitors, school nurses and care co-ordinators.
- The practice hosted antenatal and midwifery clinics.
- The GPs carried out postnatal and six week baby checks.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours pre bookable appointments were offered on Saturday mornings from 8am to 12.30pm
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were offered for working patients who were unable to attend the practice.
- The practice used text messages to remind patients of appointments.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice regularly reviewed vulnerable patients with health visitors and local safeguarding teams.
- The practice's computer system alerted GPs if a patient was also a carer. Carers were offered seasonal flu vaccinations and written information was available to direct carers to local support services.
- The practice hosted a shared care drug dependency scheme. At the time of the inspection eleven patients were receiving treatment and support for opiate dependency.

Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84%. The practice had a development plan to improve performance in this area.
- 82% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Survey forms were sent to 299 patients and 118 (39%) were returned. This represented just over one per cent of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards, 17 from the main surgery and ten from the branch surgery which were almost all positive about the standard of care received. Many patients commented that staff were caring, friendly and helpful. One patient commented that staff had been extremely helpful during a recent illness to arrange hospital appointments and chase up test results. Seven patients commented that it was sometimes difficult to make an appointment, especially if they telephoned the practice in the morning. One comment indicated that care for some long term conditions was at times carried

out by staff lacking appropriate experience." One comment card showed that while the person felt the medical care provided was good, they felt the practice was not familiar with mental health issues, including attention deficit hyperactivity disorder or Asbergers.

We spoke with fourteen patients during the inspection. All fourteen patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients told us that they had found it easy to arrange home visits and found that GPs provided these when asked. One patient was a wheelchair user, they told us they found it difficult to use the mobile ramp but found staff were helpful. Seven patients commented that it was sometimes difficult to get through on the telephone.

The practice monitored the availability of appointments and introduced a new appointment system in 2015. They carried out a survey of patients to evaluate the impact. The results showed that 95% of patients felt they received an appointment within a suitable time frame. They monitored their telephone service and tried different queuing systems to reduce waiting. Data showed that 38% of calls were answered directly by a receptionist upon contacting the surgery, 48% of calls were answered after a short period of queuing and 14% of calls received the engaged tone upon attempting contact.

Results from the NHS Friends and Family Test showed from May 2015 to April 2016 there were 47 responses. Of these, 42 were extremely likely or likely to recommend the practice to a friend or family member.

Areas for improvement

Action the service **MUST** take to improve The areas where the provider must make improvement are:

- The practice must ensure staff understand and follow practice policies and procedures for the management of the vaccine fridge and the cold chain.

Action the service **SHOULD** take to improve The areas where the provider should make improvement are:

- Maintain the security of smart cards.

Summary of findings

- Ensure a programme of audit is in place to ensure key policies and IPC practices are being implemented appropriately. Develop systems to monitor expiry dates for emergency medicines and other equipment, for example spillage kits.
- Improve the complaints procedure by including details of the Parliamentary Health Service Ombudsman in patient information.
- Ensure clinical waste bags are labelled in line with current legislation and guidance.

Drs. Lawson, Scales, Tarrant & Napper

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Drs. Lawson, Scales, Tarrant & Napper

Drs. Lawson, Scales, Tarrant & Napper provide primary care medical services to 8985 patients in North Kirklees under a General Medical Services (GMS) contract. The area is in the fourth decile on the scale of deprivation.

- The practice, known locally as Wellington House Surgery is located at Wellington House, 4 Henrietta Street, Batley, West Yorkshire, WF17 5DN close to local shops and transport links. There is a branch surgery at 4 Bond Street, Birstall, WF17 9EX. Patients can attend either location.
- In addition to primary care services, the practice hosts midwife clinics.
- There are five GPs, four male and one female; two female practice nurses, one female healthcare assistant, a pharmacist and a team of administrative staff. At the time of the inspection the practice had 1.5 whole time equivalent vacancies for GPs and were actively trying to recruit to these posts.
- The practice gained training practice status in November 2015. They are able to accommodate GP registrars and nursing students on placement.

- The main surgery is open between 8am and 6pm Monday to Friday and Saturday mornings from 8am to 12.30pm. Between 6pm and 6.30pm the practice have an arrangement with Local Care Direct. Telephone calls are transferred to the service who assess incoming calls and refer on to the duty doctor.
- Appointments at Wellington House are from 8am to 6pm daily. The branch surgery at Birstall is open daily between 8am to 12 noon and 2pm to 6pm except Wednesdays when it is closed in the afternoon. Extended hours appointments are offered on Saturday mornings from 8am to 12.30pm.
- When the practice is closed, telephone calls are transferred to the out of hours service provider Local Care Direct, or patients can call NHS 111 directly.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 May 2016. During our visit we:

- Spoke with a range of staff including GPs, the pharmacist, practice nurses and administrative staff and spoke with patients who used the service.
- Observed how staff interacted with patients and family members in the reception and waiting areas.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was system in place for reporting and recording significant events and we saw evidence of events that were investigated and discussed with staff. However, we found that a vaccine fridge failure at the main surgery in 2015 was not recorded as a significant event and therefore discussion or learning did not occur which could have prevented further vaccine fridge incidents.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, protocols were discussed at GP meeting in response to a delayed throat swab. GPs were reminded of the correct protocols to follow.
- The practice carried out a thorough analysis of the significant events. Staff told us that the results of investigations and lessons learned were shared with them individually and at staff meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice introduced a system to follow up all fast track secondary care referrals in response to an incident where a patient's referral was delayed. The practice had a system to ensure that safety alerts were received and acted upon. We saw evidence of recent action taken as a result of patient safety alerts. For example, the protocol for home visits was discussed at a GP meeting in response to a recent alert.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies and local procedures were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and a GP was also the safeguarding lead for the local Clinical Commissioning Group (CCG). The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses were trained to level two.
- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and could describe the correct procedure. They had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. The last audits at the main surgery and the branch practice were undertaken in 2014 but we saw evidence that action was taken to address any improvements identified as a result. The practice gave assurance that a programme of infection control audits would be put in place.
- Clinical waste was segregated and stored appropriately. However the practice were not labelling clinical waste bags to identify the source. The practice gave assurance that all waste bags would be labelled in the future.
- The arrangements for managing medicines, including emergency medicines, in the practice kept patients safe (including obtaining, prescribing, recording, handling,

Are services safe?

storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, and met regularly with the local CCG medicines management team to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice clinical pharmacist was training as an advanced clinical practitioner with the support and mentorship of the practice. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use at both premises. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Although risks to patients who used services were assessed, not all the systems and processes to address these risks were implemented well enough to ensure patients were always kept safe.

The practice had a cold chain policy in place to manage the efficacy of medicines, especially vaccines. However, practice procedures to report any temperatures out of the accepted range had not been followed and staff responsible for the cold chain were not familiar with up to date guidance. Temperature monitoring records showed that the vaccine fridge at the main surgery had exceeded the maximum temperature for vaccines on 98 occasions since May 2014 and we saw no evidence that the practice sought advice to ensure the effectiveness of the vaccines for all but two of these occurrences. Records showed a complete fridge failure in August 2015 which staff recorded as reported. However, the practice manager was unaware of this and the event was not investigated as a significant event, therefore no action had been taken to ensure that the fridge was functioning correctly or to ensure staff were following the correct procedures or check the viability of

the vaccines. The lead inspector referred the practice to immunisation staff at Public Health England (PHE) for advice. The practice immediately assisted PHE staff to carry out an investigation into the vaccine fridge management. A recall of patients immunised or vaccinated with certain specific medicines since May 2014 was recommended. The practice identified patients affected and contacted them with a full explanation, apology and invitation to re-attend for vaccination. The practice took immediate action to purchase independently powered temperature monitoring devices, review the cold chain protocols to ensure they met PHE guidance and ensure staff were trained appropriately.

- There was a health and safety policy available with a poster in the reception offices at both premises which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out testing of the fire alarm system. Emergency lighting and signage were installed at both premises and we saw evidence that staff had received fire safety and evacuation training.
- Electrical fixed wiring safety testing was carried out at both locations by an independent contractor in November 2014. However, both reports showed electrical safety was unsatisfactory and the practice could not provide evidence that the necessary work was completed and safety certificates obtained. The practice were able to provide evidence after the inspection that the necessary work was completed. The practice took immediate action to arrange additional tests at both locations to ensure the premises complied with 2016 building safety regulations. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of both premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Are services safe?

- Staff used smartcards for secure access to confidential information on the clinical system. However, we saw two unlocked rooms where the smartcards had been left unattended and logged into the clinical system by staff.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available at the main surgery and branch practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and

stored securely. Benzylpenicillin was available at the branch practice. However, ampoules of sterile water which are required to dissolve the powder were not available. The practice took action to obtain these. Benzylpenicillin is used in cases of suspected meningitis. There was a medicine expiry date checklist at the main surgery. A notebook kept with the emergency medicines at the branch practice highlighted that the chlorphenamine was due to expire in June 2016. However, the adrenaline was due to expire in May 2016 and this was not recorded. The practice gave assurance that systems for monitoring the emergency medicines at the branch practice would be improved.

- The practice had spillage kits to protect staff and safely dispose of blood or body fluid spillages. However, the kits at the branch practice expired in January 2016. The practice gave assurance that these would be replaced.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and we saw evidence that NICE guidelines were discussed in clinical meetings. Staff used this information to develop templates and deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available with 15% exception reporting (CCG and national average 9%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice told us their process for excepting patients after all reasonable attempts were made to contact them to attend for review appointments.

This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. For example, 98% of patients with diabetes, on the register, had a record of a foot examination and risk classification within the previous year (CCG average 89%, national average 88%). Ninety three per cent of patients newly diagnosed with diabetes, on the register, in the preceding 1 April 2014 to 31 March 2015 had a record of being referred to a structured education programme within 9 months (CCG

and national average 90%) with 68% exception reporting (CCG average 39%, national average 27%). Patients who refused referral to the programme were classed as excepted which explains the high level of exception reporting.

- Performance for mental health related indicators was lower than the national average. For example, 82% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%). The practice had identified that mental health and dementia were areas for improvement and developed protocols to perform opportunistic mental health reviews on patients on the mental health register.
- Eighteen per cent of the patient population had hypertension (high blood pressure) which was higher than local and national prevalence of 15% and 14% respectively. Data showed that 82% of patients with hypertension in whom the last blood pressure reading (in the preceding 12 months) was within normal parameters compared to the CCG average of 85% and the national average 84%.
- The practice nurses and health care assistant (HCA) were responsible for a range of services including wound care, contraceptive services, minor illness, smoking cessation advice, well person checks, new patient checks and blood pressure monitoring. They also carried out vaccinations, ear irrigation and cervical smear tests.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice participated in a university quality improvement
- research study to improve antimicrobial prescribing.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring patients taking methotrexate medicine were monitored and checked for compliance. Methotrexate is used to treat certain types of cancer or rheumatoid arthritis.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and carrying out spirometry and blood tests.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice employed a pharmacist who, at the time of the inspection, had almost completed training as an advanced clinical practitioner with the support and mentorship of the practice. From September 2016 the pharmacist's role would be to carry out minor ailment clinics and medication reviews.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff told us they were encouraged and supported by the practice to undertake training and attend learning events and forums organised by the local CCG.
- At the time of the inspection the practice were actively recruiting to GP vacancies. They used three regular

locum GPs to maintain access and continuity for patients. A locum GP told us they had received a pack which included information about the practice and local referral pathways.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- GPs and nurses used e-consultations with hospital diabetes and cardiology specialists to plan care for patients.
- The practice had the same clinical record system as local community and palliative care services. Staff used tasks and messaging facilities on the system to communicate effectively with other services to provide co-ordinated care for patients.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Patients at high risk of hospital admission who were not under the care of a community matron were referred to a Care Co-ordinator who helped patients to effectively manage their condition and liaised with NHS and social care services to ensure patients were supported.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and mental health. Patients were signposted to the relevant service and we saw information for local support and advice services was available in the waiting areas of the practices.
- Smoking cessation advice was available in-house. Practice data showed that of 1127 patients who had received advice, 152 had quit smoking. Patients were also signposted to local support groups.
- The nurse and healthcare assistant had received additional training and carried out alcohol brief intervention advice. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders. While there is no comparative data available, the practice were able to demonstrate that in 2015, 87 patients had been reviewed using the screening tool and a further 32% of those had received more structured advice to reduce their alcohol consumption.
- The practice hosted a shared care drug dependency scheme. At the time of the inspection eleven patients were receiving treatment and support for opiate dependency.

- Patients with long term conditions were provided with care plans and appropriate advice to help them manage their conditions.

The practice's uptake for the cervical screening programme was 84%, which was better than the CCG and national averages of 82%. The practice identified that inflexible appointment times reduced attendance. Patients were able to book cervical screening appointments at any time during nurse clinics. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national flu vaccination campaigns and screening programmes for bowel and breast cancer screening. They developed age group specific invitation letters and cards to improve patient uptake. Data showed that 73% of females, aged 50-70, were screened for breast cancer within 6 months of Invitation (CCG average 68%, national average 73%). There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were provided by a local community organisation. Immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 93% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. The HCA and nurse provided well person checks in a combined clinic. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We observed that reception staff were discreet when assisting patients at the reception desk to avoid conversations being overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We received a letter from a patient who was a carer for several family members. They told us that staff listened carefully and responded positively. One patient commented that reception staff at the branch practice were occasionally abrupt on the telephone.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format.
- The practice used sign language interpreters for patients who were hearing impaired.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as carers (less than 1% of the practice list). Carers were offered seasonal flu vaccinations. Written information was

available to direct carers to the various avenues of support available to them. A member of staff had identified patients on the clinical system who were likely to have a carer and set up a reminder for clinicians to ask who this was at the next appointment. To improve the systems to identify carers and offer the appropriate support we suggested the practice contact a local support organisation, North Kirklees Carers Count.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. For example, local bereavement counselling services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team, the Clinical Commissioning Group (CCG) and in collaboration with other local GP practices to secure improvements to services where these were identified.

- A GP was the chairperson of North Kirklees GP federation which had successfully bid for local contracts. For example, phlebotomy and 24 hour blood pressure monitoring.
- The practice offered extended hours clinics on a Saturday morning until 12.30pm for working patients who could not attend during normal opening hours.
- The practice offered in-house services in line with the local care closer to home policy, for example phlebotomy and spirometry. Data showed that 92% of patients with chronic obstructive pulmonary disease (COPD) had their diagnosis confirmed by post bronchodilator spirometry (national average 90%).
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The number of telephone consultation appointments was increased to improve access.
- The practice maintained a hospital admissions avoidance list and these patients were given priority for same day access.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately
- The practice actively promoted online services for patients. An access audit in 2015 showed that 18% of patients were registered for online services. The practice had a target to recruit a further 15% by the 30th June 2016. At the time of the inspection, data showed 20% of patients were registered which was a 5% increase.

- There were disabled facilities, While there wasn't a fixed ramp in place at the main surgery for wheel chair access, a mobile ramp was available when needed. Translation and interpretation services were available.
- The practice was planning to move premises to improve access and services to patients. They had identified a site and developed plans for premises with capacity for future growth and integration with secondary care providers.

Access to the service

The main surgery was open between 8am and 6pm Monday to Friday and Saturday mornings from 8am to 12.30pm. The branch surgery at Birstall was open daily between 8am to 12 noon and 2pm to 6pm except Wednesday when it was closed in the afternoon.

Appointments at Wellington House were available from 8am to 6pm daily. Extended hours pre bookable appointments were offered on Saturday mornings from 8am to 12.30pm. In addition to pre-bookable appointments, the practice had a system to recall patients who needed to return for appointments which had reduced the number of patients who failed to return for appointments. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 65% of patients said they could get through easily to the practice by phone compared to the national average of 73%). The practice audited access to the phone system. Data showed that 38% of calls were answered directly by a receptionist upon contacting the surgery, 48% of calls were answered after a short period of queuing and 14% of calls received the engaged tone.

The practice introduced a new appointment system in 2015 in response to a review of the availability of appointments and high number of patients failing to attend for appointments. Data showed that the new system which used practice initiated recalls and the use of text reminders reduced the failed to attend rate from 7% in 2014 to 4% in

Are services responsive to people's needs?

(for example, to feedback?)

2015. A patient survey carried out in 2015 showed that 95% of patients felt they received an appointment within a suitable time frame when booking under the new appointment system introduced in 2015.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Staff told us that the GPs regularly carried out many home visits for patients. Two patients told us that they had found it easy to arrange home visits and found that GPs will provide these when asked.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- There was a practice complaints policy and procedure and we saw that information was available to help patients understand the complaints system. However,

the policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England. For example, how to contact the ombudsman if they were not satisfied with the outcome of the practice complaints procedure. The practice gave assurance that the policy and complaints information provided to patients would be updated to include this information.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available and displayed in the waiting rooms at both practices to help patients understand the complaints system.

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, practice protocols were developed for Saturday mornings to ensure test results were received appropriately in response to a recent complaint.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- There were effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was a member of the North Kirklees GP practice federation and contributed to plans to improve services to patients in North Kirklees and bid for local services.
- The practice developed a patient charter which was available on the practice website and the patient information leaflet.
- The practice contributed to a proposal to the NHS Estates and Technology Transformation Fund to transform care for 90,000 patients in Cleckheaton, Heckmondwike, Mirfield, Dewsbury and Ravensthorpe localities in North Kirklees.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice were not aware of concerns relating to the vaccine fridge and cold chain of vaccines. They took immediate action to assist PHE to investigate the risks and reviewed arrangements to manage the cold chain and ensure staff followed procedures.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through surveys and complaints received. There was a virtual patient participation group (PPG) who communicated regularly by email and met annually.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice were looking to increase the membership of the group and had recently sent letters to patients to invite them to join. The PPG contributed to practice survey and discussed access to the service.

- They gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had systems to monitor telephone, online and appointment access. They reviewed the results of patient surveys and used this information to review practice procedures and improve access for patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, The practice trained and mentored GP registrars and nursing students. They were members of the local GP federation which had successfully bid for local contracts including phlebotomy and 24 hour blood pressure monitoring. The practice contributed to a proposal to the NHS Estates and Technology Transformation Fund to transform care for 90,000 patients in Cleckheaton, Heckmondwike, Mirfield, Dewsbury and Ravensthorpe localities in North Kirklees.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The practice had a cold chain policy to manage the preservation of the cold chain. However, practice procedures to report any temperatures out of the accepted range had not been followed and staff responsible for the cold chain were not familiar with up to date guidance.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>